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Bib Data Sheet

CONFIRMATION NO. 5505

SERIAL NUMBER 09/924,275	FILING DATE 08/08/2001 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 10527-118004
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APPLICANTS
Kevin R. Heath, Providence, RI;

**** CONTINUING DATA ******* *Yes*
 THIS APPLICATION IS A *CON* CIP OF 09/076,520 05/12/1998 PAT 6,287,331 *Phmn*
 WHICH IS A CON OF 08/955,268 10/21/1997 PAT 6,290,721
 WHICH IS A CON OF 08/478,007 06/07/1995 ABN
 WHICH IS A CON OF 08/282,776 07/29/1994 ABN
 WHICH IS A CON OF 07/910,631 07/08/1992 ABN
 WHICH IS A CIP OF 07/861,253 03/31/1992 ABN *
 (*) Data inconsistent with PTO records. *cls 2-30 cancelled*

**** FOREIGN APPLICATIONS ******* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 09/06/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>2-72</i> Examiner's Signature Initials	STATE OR COUNTRY RI	SHEETS DRAWING 5	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 2
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 Fish & Richardson P.C.
 225 Franklin Street
 Boston, MA 02110-2804

TITLE
 Tubular medical endoprostheses

FILING FEE RECEIVED 1308	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Examiner's Signature Initials		INDEPENDENT CLAIMS 2		
ADDRESS 26161 FISH & RICHARDSON PC 225 FRANKLIN ST BOSTON, MA 02110				
TITLE TUBULAR MEDICAL ENDOPROSTHESES				
		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing)		